STATE OF WASHINGTON
HEALTH CARE AUTHORITY
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August 1, 2013

Cindy Mann, Director
Centers for Medicare and Medicaid Services
7500 Security Boulevard, MS S2-26-12
Baltimore, MD 21244-1850

Dear Ms. Mann:

SUBJECT: Transitional Bridge 1115 Demonstration Waiver (11-W-00254/10) – Amendment Request for Tribal Uncompensated Care Payments

Following extensive discussion with staff from the Centers for Medicare and Medicaid Services (CMS) and with representatives from Washington's 29 Tribes, the state of Washington proposes an "*Uncompensated Care Payment*" amendment to its Transitional Bridge 1115 Demonstration waiver (11-W-00254/10). Full details are enclosed. The purpose of the amendment, similar to recent and approved requests from Oregon, California and Arizona, is to compensate Tribal health programs for uncompensated services provided to Medicaid-covered individuals who qualify for services under the Indian Health Services or 638 contract/compact Tribal health providers' eligibility policy. Of most importance are optional Medicaid services provided to adults for non-emergent dental, chiropractic, and optometry care, not covered in Washington's current Medicaid State Plan.

Washington State requests that the "*Uncompensated Care Payment*" amendment be effective for the duration of the Transitional Bridge waiver, until December 31, 2013. Opportunities to continue beyond that date have been considered, but given the implementation of Medicaid expansion on January 1, 2014, they are not incorporated in this request. Based on discussions with Washington's Tribes, we have set aside future waiver considerations in an effort to expedite our immediate request. As a result, tribes for whom this is especially important have provided letters of support, included as attachment 3 in the proposal. These Tribes attest that official meetings between the Health Care Authority (HCA) and Washington tribal representatives held on June 10 and July 2, 2013 satisfy CMS requirements for tribal consultation. These consultations followed extensive collaborative discussions between state and Tribal representatives from Washington and Oregon, and substantial communication with CMS on the initial concept.

We look forward to reconvening conversations with CMS staff and are happy to assist in the review of proposed amendments and identification of associated changes required for the

duration of the Transitional Bridge 1115 Demonstration. Once this is complete, we hope to continue the conversation regarding opportunities to address uncompensated care payments beyond implementation of Medicaid expansion.

Per our current Special Terms and Conditions agreement, Jenny Hamilton continues to serve as the point of contact for general questions on the Demonstration. For purposes of the "*Uncompensated Care Payment*" amendment, Karol Dixon will serve as the point of contact. Jenny and Karol can be reached at:

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Sincerely,

[redacted]

MaryAnne Lindeblad
Medicaid Director

Enclosure

cc: Dorothy Teeter, Director, HCA
Preston Cody, Division Director, HCS, HCA
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Washington State Tribes

Washington State Transitional Bridge Waiver (11-W-00254/10)
Proposed *"Uncompensated Care Payment"* Amendment

A. Purpose

This proposed *"Uncompensated Care Payment"* amendment to Washington's Transitional Bridge section 1115 demonstration project provides financial assistance supporting Washington's Tribal health programs in their critical role as essential providers for American Indians and Alaska Natives (AI/AN) who experience disproportionate health disparities. These additional payments are critical to Tribes because Indian Health Service (IHS) funding, which is the principal source of funding for AI/AN health care, covers only about 60% of the Federal Employees Health Benefit (FEHB) benchmark[1]. To address the ongoing funding shortfall, IHS and the Centers for Medicare and Medicaid Services (CMS) have encouraged Tribes to access other federal programs (e.g., Medicare, Medicaid, CHIP and Veteran's Administration) and private insurance to obtain additional funding to help meet the health care needs of their members. Medicaid is the second largest funding source for Washington's Tribal health programs.

Similar to recent requests from Oregon, California and Arizona, this proposal allows for payment to Indian health programs for uncompensated services provided to Medicaid-covered individuals who qualify for services under the IHS or 638 contract/compact Tribal health providers' eligibility policy. Of greatest significance are optional Medicaid services provided to adults for non-emergent dental, chiropractic, and optometry care that are not covered in Washington's current Medicaid State Plan[2].

B. Population Overview

Population Targeted by "Uncompensated Care Payment" Request

We propose that all of Washington's Indian health programs would be eligible to participate in the *"Uncompensated Care Payment"* demonstration. This proposal is for individuals who are covered by Medicaid and who also qualify for services under the IHS or 638 contract/compact Tribal health providers' eligibility policy to receive the services described below. As of October 1, 2013, eligibility determination for Medicaid will be based on the Modified Adjusted Gross Income (MAGI) methodology defined by the Patient Protection and Affordable Care Act. On July 23, 2013, CMS approved Washington's early adoption of MAGI-based eligibility determination methods through an amendment to the Transitional Bridge 1115 Demonstration waiver.

Overview of Washington's American Indian/Alaska Native Population and Tribes

Washington has 29 federally recognized Tribes and an estimated 193,000 AI/AN residents[3].

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[1] Source: The National Tribal Budget Formulation Workgroup's Recommendations on the Indian Health Service FY 2015 Budget. The Federal Employee's Health Plan Disparity Index (FDI) is an index comparing Indian Health Service (IHS) funding to the cost of providing medical insurance for American Indian/Alaska Native (AI/AN) users in a mainstream health insurance plan such as the Federal Employees Health Plan (FEHP). The FDI starts with an average benchmark cost for enrollees in the FEHP. Because some characteristics of the IHS AI/AN user population differ from the FEHP enrollees in ways that affect health care costs, industry standard actuarial methods statistically adjust FEHP costs for characteristics found in the AI/AN population.
[2] Optional, non-emergent dental care (for non-pregnant adults) was eliminated from the Medicaid program in 2010.
[3] 2008-2011 American Community Survey

Approximately 40,000 (21%) are uninsured[4]; about 55,500 (29%) have Medicaid coverage.

The 2012 IHS User Population (AI/AN people who have used services funded by the IHS at least once during the last 3 year period) is estimated at nearly 66,500 patients in Washington. The Yakama Indian Nation has the largest user population (~12,900); the Hoh Tribe has the smallest (~30). Seven Tribes accounted for almost 70% of the total user population. User population by Tribe is displayed in table 1.

Federally Recognized Tribe	2012 IHS User Population	% of Total
Yakama	12,862	19.34%
Colville	8,481	12.75%
Puyallup	7,042	10.59%
Tulalip	5,023	7.55%
Muckleshoot	4,857	7.30%
Lummi	4,305	6.47%
Cowlitz	3,190	4.80%
Quinault	2,605	3.92%
Makah	2,304	3.46%
Nisqually	1,872	2.82%
Spokane	1,681	2.53%
Port Gamble	1,609	2.42%
Swinomish	1,288	1.94%
Nooksack	1,190	1.79%
Chehalis	1,159	1.74%
Lower Elwha	888	1.34%
Skokomish	832	1.25%
Squaxin Island	743	1.12%
Quileute	725	1.09%
Samish	710	1.07%
Kalispel	565	0.85%
Suquamish	558	0.84%
Upper Skagit	506	0.76%
Jamestown S'Klallam	504	0.76%
Shoalwater Bay	417	0.63%
Snoqualmie	412	0.62%
Stillaguamish	107	0.16%
Sauk-Suiattle	37	0.06%
Hoh	26	0.04%
Total	66,498	

Table 1: Distribution of 2012 IHS User Population by Washington Tribe

[4] American Community Survey 2009-2011 pooled data Ed Fox 2013 ACS dataset

Indian Health Disparities

While Washington Tribes have achieved improvements in health status, AI/ANs continue to experience disproportionate health disparities in comparison to the states' general population. Nationally, AI/ANs have long experienced lower health status than other Americans. Lower life expectancy and the disproportionate disease burden occur due to, among other factors, inadequate education, poverty, discrimination in the delivery of health services, and higher incidence of substance abuse.

Life expectancy for AI/ANs is lower than any other population in Washington. The most recent report by the Washington State Department of Health on the health status of Washington residents[5] indicates that *"American Indians and Alaska Natives had a significantly higher death rate than any other race..."*, likely underreported because *"the ascertainment of race is often based on subjective observation rather than inquiry or formal reporting."* Overall AI/AN males had a rate more than 2.5 times that of Asian and Pacific Islander females, the group with the lowest rate. AI/AN males and females also had the shortest life expectancy of their respective gender groups. On average AI/AN males live 15 years fewer (AI/AN females live 10 years fewer) than the longest lived group, Asian and Pacific Islander females. These disparities were critical to the 2010-2013 health care delivery plan for AI/ANs in Washington[6], which is the foundation of work to address health disparities of AI/ANs in Washington state.

AI/ANs have disproportionately limited access to oral health care, which is especially important because untreated oral disease can lead to pain, infection, and tooth loss; and contribute to an increased risk for serious medical conditions such as diabetes, heart disease, and poor birth outcomes[7]. In addition, untreated oral disease contributes to missed work and school, poor nutrition and a decline in overall well-being, and yet it is a highly, if not entirely, preventable disease. Although the long-term return on investment from increased support for Tribal oral health programs is difficult to quantify specifically, the association between poor oral health and the chronic diseases that also disproportionately impact the AI/AN population suggests that better oral health (however it is financed) is a necessary, if not sufficient, condition for better overall health for AI/ANs. The proposed *"Uncompensated Care Payment"* amendment provides significant support for continuity of dental care until January 1, 2014, when optional Medicaid dental coverage is restored for currently eligible and newly eligible Medicaid adults, based on action by the 2013 Washington State Legislature.

C. Delivery Systems

All but one of Washington's 29 Tribes currently contracts with the Medicaid program to provide medical or behavioral health care to their members and others – 3 Tribes have federally operated IHS clinics; 25 Tribes operate their own programs under P.L. 93-638 contract or compact. In addition to medical services, 22 of the clinics offer dental care, 12 offer pharmacy services, 19 offer mental health services and 15 provide chemical dependency treatment. A recent polling of Tribes indicates that 3 also offer chiropractic services delivered by a chiropractor.

[5] http://www.doh.wa.gov/DataandStatisticalReports/HealthofWashingtonStateReport/MostRecentReport.aspx
[6] http://www.doh.wa.gov/Portals/1/Documents/1200/phsd-AIHCHealthCare.pdf
[7] Advancing Oral Health in America, Institute of Medicine, April 2011. Report and brief available at: www.iom.edu

In addition, Washington has two IHS funded urban Indian health programs. They primarily provide medical care, dental care and behavioral health services. They are paid for services provided to Medicaid enrollees as Federally Qualified Health Centers and, thus, are not incorporated in this proposed waiver request.

In State fiscal year (SFY) 2011 (July 2011 – June 2012), Tribal programs provided care to approximately 30,600 Medicaid enrollees - 20,400 (67%) were AI/ANs and 10,200 (33%) were non-natives[8]. The Medicaid program paid the Tribes $52.2 million for providing this care - $41 million (78%) for AI/ANs and $11.2 million (22%) for non-natives. Most payments were for medical care (32%), mental health (25%) and chemical dependency services (23%). While Tribal clinics served more children, payments for adults were 53% of total revenue.

Dental care (emergency only) comprised a little over 1% of total payments for adults. By comparison, in 2009 when non-emergent dental care was a Medicaid covered benefit for adults, payments for adult dental care represented close to 5% of the Medicaid program's payments to Tribes. Appendix 1 provides a detailed recap of non-emergent dental care provided to AI/ANs in 2009.

D. *"Uncompensated Care Payment"* Financing

Through the Transitional Bridge 1115 Demonstration waiver amendment that we are requesting, we propose that payments be made for Medicaid reimbursable services *directly* provided by Washington Indian health programs (e.g., Tribally operated or I.H.S. direct), but not currently covered under the State's Medicaid State Plan. This includes optional Medicaid services that were eliminated from the State Plan (e.g., non-emergent dental services for adults) and other Medicaid reimbursable services (e.g., chiropractic and optometry services.) Services would be reimbursed at the prevailing IHS encounter rate.

Reimbursement for services provided to IHS eligible individuals, as defined by IHS and 42 CFR 447.50, would be made at 100% federal medical assistance percentage (FMAP). For services to non-IHS eligible individuals who are otherwise eligible to receive Medicaid services, Tribal government have expressed unanimous agreement to contribute the state Medicaid share through the Certified Public Expenditures (CPE) methodology.

For all services provided under the *"Uncompensated Care Payment"* Demonstration amendment, the HCA will require a quarterly claiming protocol, informed by the process established for Basic Health sponsor wrap-around payments under the Transitional Bridge waiver. We envision a process as follows:

Tribal Tracking and Claiming

1. Participating IHS and Tribal facilities will need to record qualifying encounters with appropriate records retention to enable tracking of the following:
   - The individual to whom *"Uncompensated Care Payment"* services were provided;
   - That the individual is covered by Medicaid and eligible to receive services under the Tribal health providers' eligibility policy; and

[8] For most Tribes, the non-native patients were family members of a Tribal member.

- Details of the services provided – what and when.

2. Qualifying encounters will not include encounters for which the Medicaid program has previously paid at the IHS published rate.
3. Participating IHS and Tribal facilities will submit a quarterly request for payment on a standard A19 form, aggregating the number of qualifying uncompensated encounters by the category of service provided in the uncompensated encounter and the category of patient (i.e., AI/AN or non-native), confirming the status of the patients as IHS-eligible, and totaling the expenditures paid (net of any other payments received). We anticipate, as is true for the Basic Health wrap-around payments, that this will avoid delay in payment resulting from the extensive systems changes being made to meet the needs of the Medicaid expansion.
4. The HCA will process *"Uncompensated Care Payment"* reimbursement requests from participating IHS and Tribal facilities and submit to CMS a quarterly *"Uncompensated Care Payment"* Aggregate Encounter Report that specifies the number of qualifying encounters for each facility.

HCA Payments

1. The HCA will make supplemental payments to participating IHS and Tribal facilities within 30 days of receipt of each quarterly report, based on reported uncompensated care costs. Payment amount would equal number of qualifying uncompensated care encounters multiplied by the IHS encounter rate (currently $330).
2. The HCA will maintain, and upon request provide to CMS, documentation sufficient to support the claims for supplemental payments.
3. The HCA will disburse the supplemental payments to each IHS and Tribal facility in accordance with its standard payment practices.
4. The HCA will claim federal matching funding for supplemental payment to IHS and Tribal facilities at the 100 percent FMAP rate, only to the extent that the payments reflect uncompensated care provided to IHS-eligible individuals.

Preliminary Cost Estimates

Cost estimates for the proposed *"Uncompensated Care Payment"* waiver amendment are based on utilization estimates developed as follows, assuming that Tribes are currently operating at (or close to) maximum capacity in the delivery of these services. As a result we do not anticipate a major uptick in utilization as a result of the waiver amendment.

Estimates of the average AI/AN population for whom services are provided by IHS or Tribal facilities, were based on the most recent full year of Medicaid program services in such facilities, 2012. Given that non-emergent dental services were not covered in 2012 the IHS 2012 User Population is likely underestimated (without adults that use dental only). As a proxy for 2013 IHS Medicaid users, 2009 data better reflect the potential active AI/AN user population under the *"Uncompensated Care Payment"* waiver amendment. (See Appendix B)

Optional Medicaid services likely to require supplemental uncompensated care payments are chiefly anticipated to include non-emergent dental, chiropractic, and expanded optometry services for adults.

As a result, estimates of encounters for these 3 services provide a reasonable basis for costs likely to be incurred under the waiver amendment.

1. **Non-emergent dental** encounters were based on the difference between utilization patterns in 2009 (when these services were covered under the Medicaid State Plan for adults) and 2012 (when emergency adult dental services only were generally covered for adults). See Appendix B. An estimate of the non-emergent dental care that would have been covered if the benefit had been available in 2012, reflected in Table 2 in annual utilization per 1,000.
2. While the Medicaid State Plan does provide coverage for **chiropractic services** (e.g., spinal manipulation) for adults, it has traditionally not covered services provided by chiropractors. Estimates for potential utilization of this Medicaid optional benefit were therefore based on experience from Washington's commercial population, as determined by the HCA actuarial consultant Milliman. Tribes were simultaneously polled to determine the penetration of services delivered by chiropractors. Estimates for chiropractic care, based on the experience of a commercial population applied to all active IHS users is likely to overstate the actual need given that few Tribal programs offer chiropractor services. For purposes of cost estimates, the chiropractic utilization presented in Table 2 is a generous maximum. It is unlikely that many new Tribal programs could be established for chiropractic services in 2013.
3. **Vision services** coverage estimated by Milliman was based on 2 scenarios:
   a) 1 exam every 24 months with 1 pair of glasses per year; and
   b) Unlimited exams with 1 pair of glasses per year.

	Adults (annual utilization per 1,000)	**Scenario (a) Additional Encounters**	**Scenario (b) Additional Encounters**
Enrollment assumed at 2009 levels = **11,500**			
Maximum Chiropractic Unlimited Benefit	915	10,523	10,523
Scenario (a) - Vision (1 exam per 24 months)	526	6,049	
Scenario (b) - Vision (unlimited exams)	585		6,728
Glasses (1 per 12 months)	222	2,553	2,553
Non-emergent Dental (FFS)	157	1,806	1,806
Non-emergent Dental Encounters	602	6,923	6,923
Maximum additional encounters		27,853	28,532
Maximum annual cost of additional encounters @ $330 per encounter		$9,191,490	$9,415,395
Maximum monthly costs likely to be incurred from the *"Uncompensated Care Payment"* amendment		$765,958	$784,616
Additional PMPM needed to finance "uncompensated care payment" for maximum monthly utilization of eligible Medicaid optional services		**$66.61**	**$68.23**

Table 2: Estimates of Maximum Costs Under Proposed Uncompensated Care Payments

Budget Neutrality

Budget neutrality under the current Transitional Bridge 1115 Demonstration waiver is based on per capita ceilings for the 3 waiver programs.

Waiver Group	Demonstration Year 1	Demonstration Year 2	Demonstration Year 3
Basic Health	$184.00	$203.44	$214.22
Medical Care Services – D/L	$657.57	$692.42	$729.12
Medical Care Services - ADATSA	$469.94	$494.85	$521.08

Table 3: Current Transitional Bridge Waiver Program Budget Neutrality Per-Capitas

Computable costs for the proposed *"Uncompensated Care Payment"* amendment will be accounted for within the total expenditures allowed under the current Transitional Bridge terms and conditions over the life of the demonstration. We anticipate that savings in these programs (as a result of effective procurement and care management strategies) will be more than sufficient to cover monthly costs for the *"Uncompensated Care Payment"* amendment through December 2013, the life of the Demonstration. As a result, the overall Transitional Bridge 1115 Demonstration will remain budget neutral.

E. *"Uncompensated Care Payment"* Expenditure Authority

We request additional expenditure authority under Section 1115(a)(2) of the Act , for reimbursement of services provided as proposed within this *"Uncompensated Care Payment"* amendment.

F. Public and Tribal Notice

Tribal discussions began in late 2012 during regularly scheduled Tribal consultations and have continued through the present, centered in a workgroup comprised of Tribal representatives and Health Care Authority staff. As required by Section 1115 of the Social Security Act, HCA conducted *official* Tribal Consultations beginning on June 10, 2013, which culminated in a final meeting on July 2, 2013 when parameters for this proposed waiver request were finalized and a commitment made to letters of support from Tribal representatives.

Letters of support from 12 of the federally recognized Tribes in Washington have been received and are attached as Appendix 2. Tribal consultation closed on July 31, 2013.

G. Consistency with Transitional Bridge 1115 Demonstration Requirements

This proposed *"Uncompensated Care Payment"* waiver amendment is consistent with requirements 6, 7, and 14 of the current Special Terms and Conditions as required in the April 18, 2013 correspondence from Jennifer Ryan to MaryAnne Lindeblad.

Budget neutrality requirements are described above in section D. Without the waiver there is no short-term financial impact on federal payments to Washington State. Costs attributed to the waiver amendment, as described above, will be accounted for on the total computable "with waiver" side of

the Transitional Bridge budget neutrality calculations, based on established per caps for the current populations served in the Demonstration.

The evaluation design will not be impacted by the "*Uncompensated Care Payment*" waiver amendment. As for similar waivers in other states and the waiver amendment to adopt the MAGI methodology for eligibility determination for 3 months beginning October 1, 2013, duration of the proposed amendment is very limited. As a result, no specific evaluation would be meaningful.

Appendix A: Summary Table

Tribe (in descending order by user population)	Dental Care Provided	Care by Chiropractors Provided	Letter of Support Received
Yakama	Yes	No	
Colville	Yes	No	
Puyallup	Yes		
Tulalip	Yes	Yes	
Muckleshoot	Yes	No	
Lummi	Yes		Yes
Cowlitz	No	No	Yes
Quinault	Yes		
Makah	Yes		Yes
Nisqually	Yes		Yes
Spokane	Yes	No	
Port Gamble	Yes	No	Yes
Swinomish	Yes		Yes
Nooksack	Yes	No	
Chehalis	Yes	No	
Lower Elwha	Yes	No	
Skokomish	Yes	Yes	Yes
Squaxin Island	Yes	Yes	Yes
Quileute	Yes		
Samish	No	No	
Kalispel	Yes		
Suquamish	No		Yes
Upper Skagit	No	No	Yes
Jamestown S'Klallam	Yes		Yes
Shoalwater Bay	Yes	No	Yes
Snoqualmie	No		
Stillaguamish	Yes		
Sauk-Suiattle	No		
Hoh	No	No	
Total	**22**	**3**	**12**

Appendix B: ProviderOne Payments to Tribal Facilities; SFY 2012, SFY 2009 and the difference

SFY 2012 TRIBAL FACILITY PROVIDERONE PAYMENTS - Adults														
Payment Type	**Payments**		**Payment Profile**			**Utilization (Units)**				**Clients Served**				
	Amount	**Percent**	**Native Payment**	**Non Native Payment**	**%AI/AN**	**Native Units**	**Non Native Units**	**Total**	**%AI/AN**	**Native Clients**	**Non Native Clients**	**Total**	**utilization per 1,000**	**%AI/AN**
Medical Encounter Payments	$624,545	1.2%	$522,686	$101,859	83.7%	1,541	749	2,290	67.29%	462	157	619	0.2123	74.64%
Dental Encounter Payments	$543,844	1.1%	$291,938	$251,906	53.7%	853	924	1,777	48.00%	485	395	880	0.1648	55.11%
Mental Health Encounter Payments	$2,601,750	5.1%	$2,560,704	$41,046	98.4%	6,835	1,800	8,635	79.15%	918	201	1,119	0.8006	82.04%
Psychiatric Encounter Payments	$20,053	0.0%	$18,289	$1,764	91.2%	53	18	71	74.65%	15	6	21	0.0066	71.43%
Chemical Dependency Treatment Encounter Payments	$10,772,633	21.2%	$5,629,898	$5,142,735	52.3%	18,507	35,506	54,013	34.26%	735	599	1,334	5.0077	55.10%
Total IHS/CMS Encounter Rate Payments	*$14,562,825*	*28.6%*	*$9,023,514*	*$5,539,311*	*62.0%*	*27,789*	*38,997*	*66,786*	*41.61%*	*2,615*	*1,358*	*3,973*	6.1919	*65.82%*
Pharmacy Payments	$2,011,377	4.0%	$1,762,604	$248,774	87.6%	2,947,541	479,129	3,426,670	86.02%	3,766	905	4,671	317.6961	80.63%
PCCM Payments	$50,046	0.1%	$49,320	$726	98.5%	0	0	0	0.00%	2,622	35	2,657	0.0000	98.68%
Medical Fee-For-Service	$8,365,110	16.4%	$6,190,250	$2,174,860	74.0%	22,645	10,131	32,776	69.09%	3,869	2,061	5,930	3.0388	65.24%
Dental Fee-For-Service	$11,612	0.0%	$5,659	$5,953	48.7%	262	229	491	53.36%	73	54	127	0.0455	57.48%
Chemical Dependency Fee-For-Service	$27,032	0.1%	$26,845	$187	99.3%	1,740	2,018	3,758	46.30%	55	44	99	0.3484	55.56%
Total FFS Payments	*$10,465,178*	*20.6%*	*$8,034,678*	*$2,430,500*	*76.8%*	*2,972,188*	*491,507*	*3,463,695*	*85.81%*	*10,385*	*3,099*	*13,484*	321.1288	*77.02%*
Total	**$25,028,003**	**100.0%**	**$17,058,192**	**$7,969,811**	**68.2%**	**2,999,977**	**530,504**	**3,530,481**	**84.97%**	**7,173**	**3,613**	**10,786**	327.3207	**66.50%**

SFY 2009 TRIBAL FACILITY PROVIDERONE PAYMENTS - Adults														
Payment Type	**Payments**		**Payment Profile**			**Utilization (Units)**				**Clients Served**				
	Amount	**Percent**	**Native Payment**	**Non Native Payment**	**%AI/AN**	**Native Units**	**Non Native Units**	**Total**	**%AI/AN**	**Native Clients**	**Non Native Clients**	**Total**	**utilization per 1,000**	**%AI/AN**
Medical Encounter Payments	$43,214	0.1%	$41,918	$1,297	97.0%	160	8	168	95.24%	59	8	67	0.0146	88.06%
Dental Encounter Payments	$2,300,232	4.7%	$1,474,678	$825,554	64.1%	4,787	4,055	8,842	54.14%	1,856	1,382	3,238	0.7666	57.32%
Mental Health Encounter Payments	$2,667,133	5.5%	$2,667,133	$0	100.0%	7,928	2,300	10,228	77.51%	872	193	1,065	0.8868	81.88%
Psychiatric Encounter Payments													0.0000	
Chemical Dependency Treatment Encounter Payments	$9,729,569	20.1%	$5,737,638	$3,991,931	59.0%	21,243	32,220	53,463	39.73%	614	539	1,153	4.6353	53.25%
Total IHS/CMS Encounter Rate Payments	*$14,740,148*	*30.4%*	*$9,921,367*	*$4,818,781*	*67.3%*	*34,118*	*38,583*	*72,701*	*46.93%*	*3,401*	*2,122*	*5,523*	6.3032	*61.58%*
Pharmacy Payments	$2,057,964	4.2%	$1,689,660	$368,303	82.1%	3,232,692	500,455	3,733,147	86.59%	3,805	1,204	5,009	323.6646	75.96%
PCCM Payments	$36,933	0.1%	$35,400	$1,533	95.8%	0	0	0	0.00%	2,247	88	2,335	0.0000	96.23%
Medical Fee-For-Service	$8,015,264	16.5%	$5,941,381	$2,073,882	74.1%	25,579	11,480	37,059	69.02%	3,948	2,061	6,009	3.2130	65.70%
Dental Fee-For-Service	$51,077	0.1%	$13,018	$38,059	25.5%	540	1,793	2,333	23.15%	142	486	628	0.2023	22.61%
Chemical Dependency Fee-For-Service	$44,040	0.1%	$32,937	$11,103	74.8%	1,058	6,737	7,795	13.57%	126	217	343	0.6758	36.73%
Total FFS Payments	*$10,205,277*	*21.1%*	*$7,712,397*	*$2,492,880*	*75.6%*	*3,259,869*	*520,465*	*3,780,334*	*86.23%*	*10,268*	*4,056*	*14,324*	327.7557	*71.68%*
Total	**$24,945,425**	**100.0%**	**$17,633,763**	**$7,311,662**	**70.7%**	**3,293,987**	**559,048**	**3,853,035**	**85.49%**	**6,995**	**4,539**	**11,534**	334.0589	**60.65%**

SFY 2012 Minus SFY 2009 TRIBAL FACILITY PROVIDERONE PAYMENTS - Adults														
Payment Type	**Payments**		**Payment Profile**			**Utilization (Units)**				**Clients Served**				
	Amount	**Percent**	**Native Payment**	**Non Native Payment**	**%AI/AN**	**Native Units**	**Non Native Units**	**Total**	**%AI/AN**	**Native Clients**	**Non Native Clients**	**Total**	**utilization per 1,000**	**%AI/AN**
Medical Encounter Payments	$581,331	704%	$480,768	$100,563		1,381	741	2,122		403	149	552	0.198	
Dental Encounter Payments	($1,756,388)	-2127%	($1,182,740)	($573,648)		(3,934)	(3,131)	(7,065)		(1,371)	(987)	(2,358)	(0.602)	
Mental Health Encounter Payments	($65,383)	-79%	($106,429)	$41,046		(1,093)	(500)	(1,593)		46	8	54	(0.086)	
Psychiatric Encounter Payments	$20,053	24%	$18,289	$1,764		53	18	71		15	6	21	0.007	
Chemical Dependency Treatment Encounter Payments	$1,043,064	1263%	($107,740)	$1,150,804		(2,736)	3,286	550		121	60	181	0.372	
Total IHS/CMS Encounter Rate Payments	($177,323)	-215%	($897,852)	$720,529		(6,329)	414	(5,915)		(786)	(764)	(1,550)	(0.111)	
Pharmacy Payments	($46,586)	-56%	$72,944	($119,530)		(285,151)	(21,327)	(306,477)		(39)	(299)	(338)	(5.969)	
PCCM Payments	$13,113	16%	$13,920	($807)		-	-	-		375	(53)	322	0.000	
Medical Fee-For-Service	$349,847	424%	$248,869	$100,978		(2,934)	(1,349)	(4,283)		(79)	-	(79)	(0.174)	
Dental Fee-For-Service	($39,465)	-48%	($7,359)	($32,106)		(278)	(1,564)	(1,842)		(69)	(432)	(501)	(0.157)	
Chemical Dependency Fee-For-Service	($17,008)	-21%	($6,092)	($10,916)		682	(4,719)	(4,037)		(71)	(173)	(244)	(0.327)	
Total FFS Payments	$259,901	315%	$322,281	($62,380)		(287,681)	(28,959)	(316,639)		117	(957)	(840)	(6.627)	
Total	$82,578	100%	($575,572)	$658,149		(294,010)	(28,545)	(322,554)		178	(926)	(748)	(6.738)	

Appendix C: Letters of Support from Tribal Leaders

Please see letters from the following Tribes:

1. Cowlitz
2. Jamestown S'Klallam
3. Lummi
4. Makah
5. Nisqually
6. Port Gamble
7. Shoalwater Bay
8. Skokomish
9. Squaxin Island
10. Suquamish
11. Swinomish
12. Upper Skagit

Cowlitz Indian Tribe

RECEIVED

JUL 22 2013

Health Care Authority

July 17, 2013

MaryAnne Lindeblad, Medicaid Director
Washington State Health Care Authority
626 8th Avenue SE
P.O. Box 45502
Olympia, WA 98504-5502

Dear Ms. Lindeblad:

We are writing in follow up to the Tribal Consultation session held on June 10, 2013; and a meeting with the Washington State Health Care Authority (HCA) held on July 2, 2013. We discussed a Medicaid 1115 waiver amendment for tribal uncompensated care services. This waiver would allow the Indian Health Service (IHS) and Tribes to be reimbursed for Medicaid services that are not currently available in Washington's Medicaid program.

During our meetings we discussed the proposal and have subsequently reviewed a matrix of waiver elements, and want you to know that based on this information, our Tribe supports and recommends that the HCA prepare and submit a Tribal uncompensated care waiver to Centers for Medicare and Medicaid Services (CMS) as soon as possible. The services and resources incorporated into this waiver are critical in providing health care to Indian people and are important to our health care programs.

We believe the June 10th and July 2nd meetings satisfy the CMS requirements for Tribal consultation and recommend that the HCA fast track submission of this waiver. If there are issues raised by CMS subsequently, we will discuss them to determine if additional consultation is required. In summary, we support the uncompensated care waiver proposal that includes the following components:

(1) Similar to Arizona, California and Oregon, HCA will submit an amendment to its existing Transitional Bridge demonstration waiver. Like California and Oregon, this will allow HCA to implement the waiver in an expedited manner;
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(3) The waiver amendment shall provide for all Medicaid coverage for all individuals, services, and provider types allowed in the Medicaid program;
(4) Participating providers will be restricted to those in IHS and Tribally-operated health programs;

P.O. Box 2547 • Longview, WA 98632-8594 • (360) 577-8140 • Fax (360) 577-7432 • EMAIL cowlitztribe@cowlitz.org

(5) For services to eligible Indian people, 100% FMAP would continue to apply. IHS and Tribal health programs will be responsible for the non-federal share of the Medicaid match for services provided to non-natives;
(6) Like California and Oregon, a certified public expenditure (CPE) model would be developed with the tribes to allow the HCA to draw down federal funds for uncompensated costs for medical care provided under this waiver, and;
(7) We request that the HCA request this waiver to be effective as soon as possible and we request that CMS work with the HCA to develop an approach to continue beyond 2013, either through a new waiver or state plan amendment process

We want to thank the HCA for this opportunity to expand health services for Indian people in its Medicaid program and to reimburse Indian health providers for this care. If you have any questions about our letter, please contact Bill Iyall at (360) 577-8140.

Sincerely,

[redacted]

Bill Iyall
Tribal Chairman

JAMESTOWN S'KLALLAM TRIBE

1033 Old Blyn Highway, Sequim, WA 98382 360/683-1109 FAX 360/681-4643

SENT VIA EMAIL: maryAnne.lindeblad@hca.wa.gov; karol.dixon@hca.gov

July 19, 2013

MaryAnne Lindeblad, Medicaid Director
Washington State Health Care Authority
626 8th Avenue SE
P.O. Box 45502
Olympia, WA 98504-5502

Dear Ms. Lindeblad:

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July 19, 2013

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(7) We request that the HCA request this waiver to be effective as soon as possible and we request that CMS work with the HCA to develop an approach to continue beyond 2013, either through a new waiver or state plan amendment process

We want to thank the HCA for this opportunity to expand health services for Indian people in its Medicaid program and to reimburse Indian health providers for this care. If you have any questions about our letter, please contact Brent Simcosky, Director of Health Services at (360) 582-4870.

Sincerely,

W. Ron Allen, Tribal Chair/CEO
Jamestown S'Klallam Tribe

LUMMI INDIAN BUSINESS COUNCIL

SENT VIA EMAIL: maryAnne.lindeblad@hca.wa.gov; karol.dixon@hca.wa.gov

July 11, 2013

MaryAnne Lindeblad, Medicaid Director
Washington State Health Care Authority
626 8th Avenue SE
P.O. Box 45502
Olympia, WA 98504-5502

Dear Ms. Lindeblad:

We are writing in follow up to the Tribal Consultation session held on June 10, 2013; and a meeting with the Washington State Health Care Authority (HCA) held on July 2, 2013. We discussed a Medicaid 1115 waiver amendment for tribal uncompensated care services. This waiver would allow the Indian Health Service (IHS) and Tribes to be reimbursed for Medicaid services that are not currently available in Washington's Medicaid program.

During our meetings we discussed the proposal and have subsequently reviewed a matrix of waiver elements, and want you to know that based on this information, the Lummi Nation supports and recommends that the HCA prepare and submit a Tribal uncompensated care waiver to Centers for Medicare and Medicaid Services (CMS) as soon as possible. The services and resources incorporated into this waiver are critical in providing health care to Indian people and are important to our health care programs.

We believe the June 10th and July 2nd meetings satisfy the CMS requirements for Tribal consultation and recommend that the HCA fast track submission of this waiver. If there are issues raised by CMS subsequently, we will discuss them to determine if additional consultation is required. In summary, we support the uncompensated care waiver proposal that includes the following components:

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We want to thank the HCA for this opportunity to expand health services for Indian people in its Medicaid program and to reimburse Indian health providers for this care. If you have any questions about our letter or the Lummi Nation's position on these issues please contact Charles N. Hurt, Jr., Staff Attorney for the Lummi Nation, at 360-312-2167 or Charlesh@lummi-nsn.gov.

Sincerely,

[redacted]

Timothy J. Ballew II
Chairman, Lummi Indian Business Council

cc: Karol Dixon, Washington Health Care Authority (via electronic mail)

SOPHIE TRETTEVICK INDIAN HEALTH CENTER
MAKAH INDIAN TRIBE

P.O. BOX 410 • 250 Fort Street • Neah Bay, WA 98357 • 360-645-2233

SENT VIA EMAIL: maryAnne.lindeblad@hca.wa.gov; karol.dixon@hca.gov

July 15, 2013

MaryAnne Lindeblad, Medicaid Director
Washington State Health Care Authority
626 8th Avenue SE
P.O. Box 45502
Olympia, WA 98504-5502

Dear Ms. Lindeblad:

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We want to thank the HCA for this opportunity to expand health services for Indian people in its Medicaid program and to reimburse Indian health providers for this care. If you have any questions about our letter, please contact me at 360.645.2233.

Sincerely,

[redacted]

Elizabeth Buckingham, Health Director
Sophie Trettevick Indian Health Center

NISQUALLY INDIAN TRIBE

4820 She-Nah-Num Drive S.E., Olympia WA 98513

July 19, 2013

MaryAnne Lindeblad, Medicaid Director
Washington State Health Care Authority
626 8th Avenue SE
P.O. Box 45502
Olympia, WA 98504-5502

Re: Medicaid 1115 waiver amendment for tribal uncompensated care services

Dear Ms. Lindeblad:

Please accept this letter from the Nisqually Indian Tribe as a follow up to the Tribal Consultation session held on June 10, 2013 and the meeting with the Washington State Health Care Authority (HCA) held on July 2, 2013. We discussed a Medicaid 1115 waiver amendment for tribal uncompensated care services. This waiver would allow the Indian Health Service (IHS) and Tribes to be reimbursed for Medicaid services that are not currently available in Washington's Medicaid program.

During our meetings we discussed the proposal and have subsequently reviewed a matrix of waiver elements and want you to know that based on this information, the Nisqually Indian Tribe supports and recommends that the HCA prepare and submit a Tribal uncompensated care waiver to Centers for Medicare and Medicaid Services (CMS) as soon as possible. The services and resources incorporated into this waiver are critical in providing health care to Indian people and are important to our health care programs.

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We want to thank the HCA for this opportunity to expand health services for Indian people in its Medicaid program and to reimburse Indian health providers for this care. If you have any questions about this letter please contact, Samantha Phillips at (360) 456-5221.

Sincerely,

[redacted]
Eletta Tiam
Chief Executive Officer
Nisqually Indian Tribe

cc: Cynthia Iyall
Samantha Phillips

ALSO SENT VIA EMAIL TO: maryAnne.lindeblad@hca.wa.gov; karol.dixon@hca.gov

PORT GAMBLE S'KLALLAM TRIBE
31912 Little Boston Road NE • Kingston, WA 98346

SENT VIA EMAIL: maryAnne.lindeblad@hca.wa.gov; karol.dixon@hca.gov

July 11, 2013

MaryAnne Lindeblad, Medicaid Director
Washington State Health Care Authority
626 8th Avenue SE
P.O. Box 45502
Olympia, WA 98504-5502

Dear Ms. Lindeblad:

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We want to thank the HCA for this opportunity to expand health services for Indian people in its Medicaid program and to reimburse Indian health providers for this care. If you have any questions about our letter, please contact, Ed Fox Health Services Director at 360 710 0728.

Sincerely,

[redacted]

Jeromy Sullivan, Chair

SHOALWATER BAY INDIAN TRIBE

P.O. Box 130 • Tokeland, Washington 98590
Telephone (360) 267-6766 • FAX (360) 267-6778

SENT VIA EMAIL: maryAnne.lindeblad@hca.wa.gov; karol.dixon@hca.gov

July 19, 2013

MaryAnne Lindeblad, Medicaid Director
Washington State Health Care Authority
626 8th Avenue SE
P.O. Box 45502
Olympia, WA 98504-5502

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We want to thank the HCA for this opportunity to expand health services for Indian people in its Medicaid program and to reimburse Indian health providers for this care. If you have any questions about our letter, please contact, Charlene R. Nelson, Shoalwater Bay Tribal Chairwoman at (360) 267-0119.

Sincerely,

[redacted]

Charlene R. Nelson
Tribal Chairwoman
Shoalwater Bay Indian Tribe
PO Box 130
Tokeland WA 98590

SQUAXIN ISLAND HEALTH CLINIC
Medical • Dental • CHS • Behavioral Health

RECEIVED
JUL 22 2013
Health Care Authority

July 19, 2013

MaryAnne Lindeblad, Medicaid Director
Washington State Health Care Authority
626 8th Avenue SE
P.O. Box 45502
Olympia, WA 98504-5502

Dear Ms. Lindeblad:

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I want to thank the HCA for this opportunity to expand health services for Indian people in its Medicaid program and to reimburse Indian health providers for this care. If you have any questions, please contact me at (360) 432-3941.

Sincerely,

[redacted]

L. Bonnie Sanchez
Tribal Health Services Director

PHONE (360) 598-3311
Fax (360) 598-6295
http://www.suquamish.nsn.us

THE SUQUAMISH TRIBE

PO Box 498 Suquamish, WA 98392-0498

SENT VIA EMAIL: maryAnne.lindeblad@hca.wa.gov; karol.dixon@hca.gov

July 15, 2013

MaryAnne Lindeblad, Medicaid Director
Washington State Health Care Authority
626 8th Avenue SE
P.O. Box 45502
Olympia, WA 98504-5502

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(4) Participating providers will be restricted to those in IHS and Tribally-operated health programs;
(5) For services to eligible Indian people, 100% FMAP would continue to apply. IHS and Tribal health programs will be responsible for the non-federal share of the Medicaid match for services provided to non-natives;
(6) Like California and Oregon, a certified public expenditure (CPE) model would be developed with the tribes to allow the HCA to draw down federal funds for uncompensated costs for medical care provided under this waiver, and;
(7) We request that the HCA request this waiver to be effective as soon as possible and we request that CMS work with the HCA to develop an approach to continue beyond 2013, either through a new waiver or state plan amendment process

We want to thank the HCA for this opportunity to expand health services for Indian people in its Medicaid program and to reimburse Indian health providers for this care. If you have any questions about our letter, please contact Leslie Wosnig, Health & Policy Administrator at (360) 374-8466.

Sincerely,

THE SUQUAMISH TRIBE

[redacted]

Leonard Forsman,
Chairman

Phone (360) 466-3163
Fax (360) 466-1632

Swinomish Indian Tribal Community

A Federally Recognized Indian Tribe Chartered Under The Act of June 18, 1934
17337 Reservation Road
LaConner, Washington 98257

July 16, 2013

RECEIVED
JUL 22 2013
Health Care Authority

MaryAnne Lindeblad, Medicaid Director
Washington State Health Care Authority
626 8th Avenue SE
P.O. Box 45502
Olympia, WA 98504-5502

Dear Ms. Lindeblad:

CORRECTED LETTER TO REPLACE EARLIER DRAFT SENT ON July 9, 2013

We are writing in follow up to the Tribal Consultation session held on June 10, 2013; and a meeting with the Washington State Health Care Authority (HCA) held on July 2, 2013. We discussed a Medicaid 1115 waiver amendment for tribal uncompensated care services. This waiver would allow the Indian Health Service (IHS) and Tribes to be reimbursed for Medicaid services that are not currently available in Washington's Medicaid program.

During our meetings we discussed the proposal and have subsequently reviewed a matrix of waiver elements, and want you to know that based on this information, our Tribe supports and recommends that the HCA prepare and submit a Tribal uncompensated care waiver to Centers for Medicare and Medicaid Services (CMS) as soon as possible. The services and resources incorporated into this waiver are critical in providing health care to Indian people and are important to our health care programs.

We believe the June 10th and July 2nd meetings satisfy the CMS requirements for Tribal consultation and recommend that the HCA fast track submission of this waiver. If there are issues raised by CMS subsequently, we will discuss them to determine if additional consultation is required. In summary, we support the uncompensated care waiver proposal that includes the following components:

(1) Similar to Arizona, California and Oregon, HCA will submit an amendment to its existing Transitional Bridge demonstration waiver. Like California and Oregon, this will allow HCA to implement the waiver in an expedited manner;
(2) Medicaid covered services under this waiver would have to be available for all Indian and non-Indian Medicaid covered patients eligible to receive services from IHS and Tribally-operated health programs;

(3) The waiver amendment shall provide for all Medicaid coverage for all individuals, services, and provider types allowed in the Medicaid program;
(4) Participating providers will be restricted to those in IHS and Tribally-operated health programs;
(5) For services to eligible Indian people, 100% FMAP would continue to apply. IHS and Tribal health programs will be responsible for the non-federal share of the Medicaid match for services provided to non-natives;
(6) Like California and Oregon, a certified public expenditure (CPE) model would be developed with the tribes to allow the HCA to draw down federal funds for uncompensated costs for medical care provided under this waiver, and;
(7) We request that the HCA request this waiver to be effective as soon as possible and we request that CMS work with the HCA to develop an approach to continue beyond 2013, either through a new waiver or state plan amendment process

We want to thank the HCA for this opportunity to expand health services for Indian people in its Medicaid program and to reimburse Indian health providers for this care. If you have any questions about our letter, please contact, John Stephens, Programs Administrator at (360) 466-7216.

Sincerely,

[redacted]

Tribal Chair

UPPER SKAGIT INDIAN TRIBE

25944 COMMUNITY PLAZA WAY
SEDRO WOOLLEY • WA 98284
(360) 854-7000 FAX: (360) 854-7004

July 15, 2013

Mary Anne Lindeblad
Medicaid Director
Washington State Health Care Authority
626 8th Ave. S.E.
P.O. Box 45502
Olympia, WA 98504-5502

Dear Ms. Lindeblad;

The Upper Skagit Indian Tribe submits this letter in follow up to the Tribal Consultation session held on June 10, 2013; and a meeting held on July 2, 2013 to discuss a State Medicaid 1115 waiver proposal to the Center for Medicare and Medicaid Services Administration. We met to discuss the development of a Medicaid 1115 waiver amendment for tribal uncompensated care services. The waiver would allow the Indian Health Service (IHS) and Tribes of Washington to be reimbursed for Medicaid services that are not currently available in Washington's Medicaid program.

The meetings were held to discuss the proposal and subsequently review a matrix of waiver elements, and we want you to know that based on this information, the Upper Skagit Indian Tribe supports and recommends that the Health Care Authority prepare and submit a Tribal uncompensated care waiver proposal to the Centers for Medicare and Medicaid Services Administration (CMS). The services and resources incorporated into this waiver are critical in providing health care to the American Indian/Alaska Native people served by our Indian Health Care programs.

We believe the June 10th and July 2, 2013 meetings held where the state Medicaid representatives and the Tribal representatives jointly discussed the 1115 waiver components meets the CMS requirements for Tribal consultation and we recommend that the Washington State Health Care Authority finalize the proposal and submit the 1115 waiver immediately. In

summary, we support the **Uncompensated Care Waiver Proposal** that includes the following components:

(1) The Health Care Authority submit an amendment to its existing 1115 Transitional Bridge demonstration waiver;
(2) Medicaid covered services under this waiver would be available for all American Indians/Alaska Natives and non-Indian Medicaid covered patients eligible to receive services from Indian Health Service and Tribally operated health programs;
(3) The waiver amendment shall provide for all Medicaid coverage for all individuals, services and provider types allowed in the Medicaid program;
(4) Participating providers will be restricted to those in Indian Health Service and Tribally operated programs;
(5) For services to eligible American Indians/Alaska Native people, 100% FMAP would continue to apply. Indian Health Service and Tribal health programs will be responsible for the non-federal share of the Medicaid match for services provided to non-natives;
(6) The Washington waiver proposal like California and Oregon, a certified public expenditure (CPE)model would be developed with the tribes to allow the Health Care Authority to draw down federal funds for uncompensated costs for medical care provided under this waiver; and;
(7) We request that the Health Care Authority request this waiver to be effective as soon as possible and we request the Center for Medicare and Medicaid Services Administration to work with the Washington Health Care Authority to develop an approach to continue the waiver beyond 2013, either through a new waiver or state plan amendment process.

We want to thank the Health Care Authority for this opportunity to expand health services for American Indian/Alaska Native people in the state Medicaid program and to reimburse Indian health providers for the health care services. Thank you in advance for your time and consideration, and if you have any questions feel free to contact, Marilyn M. Scott, Vice Chairman at (360)854-7039.

Sincerely,

[redacted]

Jennifer Washington, Chairman
Upper Skagit Indian Tribe

July 17, 2013

MaryAnne Lindeblad, Medicaid Director
Washington State Health Care Authority
626 8th Avenue SE
P.O. Box 45502
Olympia, WA 98504-5502

Dear Ms. Lindeblad:

We are writing in follow up to the Tribal Consultation session held on June 10, 2013; and a meeting with the Washington State Health Care Authority (HCA) held on July 2, 2013. We discussed a Medicaid 1115 waiver amendment for tribal uncompensated care services. This waiver would allow the Indian Health Service (IHS) and Tribes to be reimbursed for Medicaid services that are not currently available in Washington's Medicaid program.

During our meetings we discussed the proposal and have subsequently reviewed a matrix of waiver elements, and want you to know that based on this information, our Tribe supports and recommends that the HCA prepare and submit a Tribal uncompensated care waiver to Centers for Medicare and Medicaid Services (CMS) as soon as possible. The services and resources incorporated into this waiver are critical in providing health care to Indian people and are important to our health care programs.

We believe the June 10th and July 2nd meetings satisfy the CMS requirements for Tribal consultation and recommend that the HCA fast track submission of this waiver. If there are issues raised by CMS subsequently, we will discuss them to determine if additional consultation is required. In summary, we support the uncompensated care waiver proposal that includes the following components:

(1) Similar to Arizona, California and Oregon, HCA will submit an amendment to its existing Transitional Bridge demonstration waiver. Like California and Oregon, this will allow HCA to implement the waiver in an expedited manner;
(2) Medicaid covered services under this waiver would have to be available for all Indian and non-Indian Medicaid covered patients eligible to receive services from IHS and Tribally-operated health programs;
(3) The waiver amendment shall provide for all Medicaid coverage for all individuals, services, and provider types allowed in the Medicaid program;
(4) Participating providers will be restricted to those in IHS and Tribally-operated health programs;
(5) For services to eligible Indian people, 100% FMAP would continue to apply. IHS and Tribal health programs will be responsible for the non-federal share of the Medicaid match for services provided to non-natives;
(6) Like California and Oregon, a certified public expenditure (CPE) model would be developed with the tribes to allow the HCA to draw down federal funds for uncompensated costs for medical care provided under this waiver, and;

(7) We request that the HCA request this waiver to be effective as soon as possible and we request that CMS work with the HCA to develop an approach to continue beyond 2013, either through a new waiver or state plan amendment process

We want to thank the HCA for this opportunity to expand health services for Indian people in its Medicaid program and to reimburse Indian health providers for this care. If you have any questions about our letter, please contact, Martin Estrada at (360) 426-5755 ext. 2120

Sincerely,

Martin Estrada
Tribal Health Director
Skokomish Indian Tribe